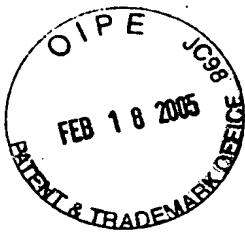


<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 52478-0900
I hereby declare that:  The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Matsushita Electric Industrial Co., Ltd.</u> and the title of my position with said assignee is: <u>Director, IP Development Center</u> and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.		
Inventor Masahiro Oashi	Citizenship Japan	<b>RECEIVED</b>  FEB 25 2005  Technology Center 2100
Residence/Mailing Address 43-22, Nomuramotomachi, Hirakata-shi, Osaka 573-01 Japan		
Inventor Yuki Kusumi	Citizenship Japan	
Residence/Mailing Address 3-15-40, Sekiyakita, Kashiba-shi, Nara 639-02 Japan		
<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent 5,767,845	Date of Patent Issued June 16, 1998	
Title of Invention <b>MULTI-MEDIA INFORMATION RECORD DEVICE, AND A MULTI-MEDIA INFORMATION PLAYBACK DEVICE</b>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <b>MULTI-MEDIA INFORMATION RECORD DEVICE AND A MULTI-MEDIA INFORMATION PLAYBACK DEVICE</b> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>June 2, 2000</u> as reissue application number <u>09/587,107</u> and was amended on <u>11/19/01, 6/6/02, 9/24/02, 4/29/03, 11/17/03, 4/30/04, 11/29/04</u> (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input checked="" type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input checked="" type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>				Docket Number (Optional) 52478-0900																															
<p>At least one error upon which reissue is based is described as follows:</p> <p>Claims 1, 4, 7, 25 and 26 define page information as "successively" stored in a storage area, while the prior art did not require such a description and therefore the patentees claimed less than they had a right to claim.</p> <p>Claim 19 defines "successively" regarding time sequence information in a storage area, while the prior art did not require such a description and therefore the patentees claimed less than they had a right to claim.</p> <p>Claim 7 is amended to replace "disc" with —recording medium—.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> Practitioners at Customer number:         </div> <div style="border: 1px solid black; padding: 2px 20px; text-align: center;">21611</div> </div> <p style="margin-left: 20px;">OR</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Practitioner(s) named below:         </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 2px;">Name</th> <th style="width: 50%; text-align: center; padding: 2px;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>						Name	Registration Number																												
Name	Registration Number																																		
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> Customer Number:         </div> <div style="border: 1px solid black; padding: 2px 20px; text-align: center;">21611</div> </div> <p style="margin-left: 20px;">OR</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input type="checkbox"/> Firm or Individual Name         </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 2px;">Address</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">Address</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center; padding: 2px;">State</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center; padding: 2px;">Zip</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 2px;">Country</td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;">Telephone</td> <td></td> <td style="text-align: center; padding: 2px;">Fax</td> <td colspan="3"></td> </tr> </table>						Address						Address						City		State		Zip		Country						Telephone		Fax			
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																																			
Full name of person signing (given name, family name)		Isamu Shimura Director, IP Development Center Authorized Signing Officer																																	
Signature				Date	February 14, 2005																														
Address of Assignee 1006, Oaza Kadoma, Kadoma-shi, Osaka-fu, Japan																																			



Attorney Docket: 52478-0900  
Serial No. 09/587,107

**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**

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